

IPDR6702		NORTH CAROLINA		PAGE: 1			
RUN DATE: 10/08/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 10/10/2006					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8535	2	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT			
		8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	3	3
							0
3404904	WESTERN HIGHLAN DS LME	3411	1021	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D			
		11	117	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1449	7346
							5897
		3412	74	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D			
3404910	PATHWAYS	11	413	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	252	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	69	830	7673
		8933	52	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			6835
3404912	CATAWBA COUNTYM ENTAL HEALT	191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	16	552
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			536
3404913	MECKLENBURG COM ENTAL HEALT	11	3530	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		0	0		0	3530	3530
							0
3404916	CROSSROADS BEHA VIOAL HEAL	8535	47	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT			
		79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	211	4955
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			4744
3404917	CENTERPOINT HUM AN SERVICES	8599	402	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	177	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	924	11551
							10627
		143	85	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404919	GUILFORD CO MEN TAL HEALTHC	8599	140	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	49	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	49	343	3281
		3412	49	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D			2938

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8599	828	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	650	DUPLICATE OF CLAIM-SYSTEM	111	2522	17362	14840
		3412	484	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C	11	1455	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8599	359	DETAIL NOT COVERED BY COMBINAT	7	2431	9377	6946
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1669	189	OTHER DIAGNOSIS CODE 7 IS INVA				
				LID				
3404922	THE DURHAM CENT	3411	1918	PROVIDER TYPE AND SPECIALTY 07				
	ER			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	198	DETAIL NOT COVERED BY COMBINAT	0	3028	4486	1458
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	167	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	21	984	DUPLICATE OF CLAIM-SYSTEM				
		8599	854	DETAIL NOT COVERED BY COMBINAT	3	4211	16385	12174
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	802	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925	SANDHILLS CENTE	21	358	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	267	DETAIL NOT COVERED BY COMBINAT	131	1134	4369	3235
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	143	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	8599	719	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		3411	464	PROVIDER TYPE AND SPECIALTY 07	59	2287	6664	4377
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8534	441	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404927	CUMBERLAND CO M	11	144	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		8622	45	60 RESIDENTIAL LEVEL II TREATM	0	312	4343	4031
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	31	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	39	SERVICE REQUIRES PRIOR APPROVA L	15	237	2554	2317
		10	17	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	11	336	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	769	4847	4078
		8621	90	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	760	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	899	3308	2409
		11	39	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	11	275	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	65	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	422	935	513
		8950	49	CLIENT ONLY ENROLLED IN TRACKI NG FOP GROUP. MUST ALSO BE ENROLLED IN A FUNDED FOP GROUP				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	12	681	669
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	57	DUPLICATE OF CLAIM-SYSTEM				
		79	36	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	98	3093	2995
		8329	2	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	32	2098	2066
		4102	5	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	21	2690	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8537	1836	PROCEDURE IS NOT PAYABLE FOR Y	196	8988	14709	5721
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		3411	793	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH	3411	24	PROVIDER TYPE AND SPECIALTY 07				
	UMAN SERVIC			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8534	12	SERVICE FACILITY LOCATION IS N	0	56	182	126
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		23	10	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404943	ALBEMARLE MENTA	8536	49	ATTENDING PROVIDER TYPE AND SP				
	L HEALTH CE			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8931	44	AMTNC INELIGIBLE TO RECEIVE SE	69	168	2363	2195
				RVICES IN IPRS.				
		8935	21	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8599	125	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	88	DUPLICATE OF CLAIM-SYSTEM	1	312	2352	2040
		8537	24	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404946	FOOTHILLS AREAM	79	773	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		11	465	CLIENT NOT ELIGIBLE ON SERVICE	10	1408	4047	2639
				DATE				
		5308	62	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
3404957	TIDELAND MENTAL	8000	92	NO RATE AVAILABLE ON FILE TO P				
	HEALTH CTR			RICE THIS CLAIM DETAIL				
		8599	83	DETAIL NOT COVERED BY COMBINAT	22	218	5488	5270
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	11	278	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	112	DUPLICATE OF CLAIM-SYSTEM	0	398	2556	2158
		5404	5	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DCS/MOD				